

Impact of cervical cancer on quality of life and sexual functioning of Filipino patients who underwent definitive chemoradiation in the University of Santo Tomas Hospital, Manila, Philippines

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Abstract

Cervical cancer is a serious health problem. The burden of disease of cervical cancer in the Philippines as a developing nation is high. The aim of this study was to determine the quality of life and sexual functioning of Filipino patients with cervical cancer on first consult, 3 months, and 6 months of completion of definitive chemoradiation.

This is a 2-year prospective longitudinal observational study. Patients were assessed for QoL and sexual functioning using the European Organization for Research and Treatment of Cancer (EORTC) QoL Questionnaire QLQ-C30 and EORTC (QLQ-CX24), respectively. Fifty five patients were included for the analysis. Six months after the definitive chemoradiation, patients showed improved global health status/QoL and better physical role, cognitive, and emotional functioning than first day of treatment. Patients updated lower recurrence of symptoms. As to the sexual functioning impact of definitive chemoradiation on patients with cervical cancer, the patients experienced more problems with sexual activity and sexual enjoyment. Moreover, it is reported that all sexual function scales are correlated with health status of patients 6 months after treatment.

This paper aided the health care providers to have a better understanding of the QoL and sexual functioning of cervical cancer patients who deal with its treatment sequelae. In addition, this will help counsel cervical cancer patients on what they could expect in a long term since definitive chemoradiation will have a great impact on their QoL. Furthermore, this study will also contribute on how to improve further research for Filipino women with cervical cancer.

Cervical disease is one of only a handful of highly malignant cancers that currently can be to a great extent forestalled through immunization and sufficient screening. In any case, it stays a significant weight in numerous social orders, especially those districts on the planet with restricted conservative assets. Cervical disease positions among the most regular tumors in ladies. The weight of infection influences the ladies themselves as well as their youngsters and more distant family. In this section, we survey the overall effect on ladies of conceptive age and the endeavors to control the illness. We archive the weight of ailment and of danger factors for cervical disease improvement as a supplement to the section on cervical malignancy screening and preventive procedures. We audit

information on frequency, mortality, long stretches of life lost and danger factors connected to cervical malignancy and distinguish regions where there is a requirement for additional data. For over a century, epidemiological perceptions called attention to the equals between sexual conduct and cervical malignant growth; prompting the theory that one (or a few) explicitly contagious agent(s) must be a significant reason for cervical disease. Nonetheless, just in the most recent decades has the etiology of cervical disease been set up: it is presently perceived that over 99% of cases overall are identified with particular sorts of Human Papillomaviruses (HPV). The best marker of introduction is right now the identification of type explicit HPV DNA in malignancy cells. These contaminations are basic in youthful age gatherings (for example pervasiveness as high as 30–half) and resolve unexpectedly in most instances. The ordinary HPV DNA commonness after the third decade lies somewhere in the range of 5 and 20% of ladies in many populaces and these presumably structure the genuine high-hazard bunch for cervical malignancy. These discoveries offer new open doors for improving screening and essential anticipation of cervical malignancy through HPV testing and immunization. Notwithstanding, they additionally raise the pragmatic and intense subject matters related with the administration of a conceivably oncogenic, explicitly sent illness.

In beginning phase cervical malignant growth, the rate of pelvic lymph node metastasis is around 15%.³⁸ Therefore, over 80% of patients don't profit by a full pelvic lymphadenectomy, yet may experience the ill effects of the related grimness of the methodology, for example, blood misfortune, neural injury, lymphocyst development, and lymphedema. The sentinel lymph node is the principal lymph node to get lymphatic seepage from a specific anatomic area, and the main hub where metastatic infection will spread from an essential tumor. Thoughtfully, on the off chance that the sentinel hub is negative, at that point the other lymph nodes in the territorial bowl are additionally negative, and a full lymphadenectomy can be stayed away from.

Many single-establishment arrangements have been distributed in the writing, showing their experience and possibility of the sentinel hub strategy in cervical disease. A precise audit included 23 examinations involving an aggregate of 842 patients. For sentinel lymph node evaluation, the tumor is infused incidentally

with blue color or technetium-99 (99Tc) radioactive tracer. Intraoperatively, the sentinel hub is distinguished when it is blue, or by high radioactive tallies with a gamma test. The affectability of sentinel lymph hub planning in early cervical disease was 92% (95% CI 84% to 98%) and the recognition rate was 97% (95% CI 95% to 98%) when the joined procedure of radioactive tracer and blue color was utilized. The affectability is improved when limiting to tumors estimating ≤ 20 mm, contrasted with bigger tumors. Advantages of sentinel hub planning incorporate limiting horribleness by dodging a full lymphadenectomy, recognizing abnormal pathways of waste, which could eventually modify treatment choices, and location of micrometastases by ultras tagging that may not be distinguished by standard hematoxylin and eosin staining. In up to 80% of cases the sentinel lymph hub is the main hub holding metastatic malady. In the event that lymphatic metastases are not distinguished and left untreated, this places the patient at expanded danger of backslide and conceivable passing. Bogus negative rates can be limited if there is adherence to explicit rules and quality confirmation of the sentinel hub technique. The method ought to be confined to patients with beginning phase sickness (FIGO stages IA-IB1) in light of the fact that patients with bigger tumors have a higher pace of lymph hub substitution by tumor, disabling lymphatic seepage. Any broadened lymph hubs ought to be eliminated, regardless of whether they are not the sentinel hub. Each hemipelvis ought to be surveyed regardless of whether the sentinel hub is identified singularly. Moreover, a communitarian exertion of the gynecologic oncologist, gynecologic pathologist, and atomic medication master is imperative to pick up involvement in sentinel lymph hub planning and improve the nature of the system. Planned multicenter contemplates are expected to affirm the wellbeing of overlooking the full lymphadenectomy in patients with negative sentinel lymph hubs. After some time and with expanded understanding, it is foreseen that sentinel lymph hub planning will inevitably turn into a standard piece of careful administration of beginning phase cervical malignancy.

Biography:

Erika Lourdes M. Adajar is a graduating OB-GYN resident in the University of Santo Tomas Hospital, Philippines, where she also attended her undergraduate studies. Her academic performances were self-explanatory. She was the President of her class during medical school and was also chosen to be the Public Relations Officer during her Post Graduate Internship Training in UST Hospital. Her ability as a leader and confidence in varieties of challenges had brought her praises. She has the ability to carry out independent researches, projects, and workload. Dr. Adajar indeed is a promising student that is independent, hardworking, and intelligent.

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